United States Government Ir

nteragency Agreement (IAA) – Agreement Between Federal Agencies
Order Requirements and Funding Information (Order) Section

IAA Number		Amendment/Mod		Agency's Agreement					
GT&C #	Order#	Amendment/Mod	# Tracking N	Number (Optional)					
P	RIMARY OR	GANIZATION/C	OFFICE INFOR	MATION					
24.	R	equesting Agency	,	Servicing Agency					
Primary Organization/Office Name									
Responsible Organization/Office Address									
ORDER/REQUIREMENTS INFORMATION									
25. Order Action (Check One)									
New									
Modification (Mod) – List affected Order blocks being changed and explains the changes being made. For Example: for a performance period mod, state new performance period for this Order in Block 27. Fill out the Funding Modification Summary by Line (Block 26) if the mod involves adding, deleting or changing Funding for an Order Line. Cancellation – Provide a brief explanation for Order cancellation and fill in the Performance Period End Date for the effective cancellation date. Total of All									
26. Funding Modification Summary by Line	Line #	Line #	_ Line #	Other Lines (attach funding details)	Total				
Original Line Funding	\$	\$	\$	\$	\$				
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]	\$	\$	\$	\$	\$				
Funding Change for This Mod	\$	\$	\$	\$	\$				
TOTAL Modified Obligation	\$	\$	\$	\$	\$				
Total Advance Amount (-)	\$	\$	\$	\$	\$				
Net Modified Amount Due	\$	\$	\$	\$	\$				
27. Performance Period Start Date End Date For a performance period mod, insert the start and end dates that reflect the new performance period. End Date MM-DD-YYYY MM-DD-YYYY MM-DD-YYYY									

IAA Number									Se	ervicing	g Agen	cy's Ag	reement			
GT&C # Order # Amendment/Mod # Tracking Number (Optional)																
28. Order Line/Funding Information							Line Number									
	Requesting Agency Funding Information						Servicing Agency Funding Information									
ALC																
Component TAS Required by 10/1/2014	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	E POA	A	MAIN	SUB
OR Current	TAS fo	ormat							1						<u> </u>	<u> </u>
BETC																
Object Class	Code	(Optional)														
BPN																
BPN + 4 (Op	tional)														
Additional A Classification (Optional)																
Requesting A	Agency	Funding	g Expi	ration D	ate			Red	Requesting Agency Funding Cancellation Date							
MM-DD-YY	YYY							MN	MM-DD-YYYY							
Project Nun	ıber &	z Title														
Description of Products and/or Services, including the Bona Fide Need for this Order (State or attach a description of products/services, including the bona fide need for this Order.)																
North Ameri	can In	dustry Cl	assific	ation Sy	ystem (N	VAIC	CS) Num	ber (O _l	otional	.)						
Breakdown of Reimbursable Line Costs						OR]	Breako	lown o	f Assist	ed Acqu	isitio	n Line C	ost:		
Unit of Mea	sure							C	ontract	Cost	\$					
Quantity	,	Unit I	Price		To	otal		Sei	vicing	Fees	\$					
				\$				Ob	ligated	Total l Cost	\$					
Overhead Fees & Charges \$			1	Advan		\$										
Total Line Amount Obligated \$				Li	ne (-)											
								Ne	t Total	Cost	\$					
					Ass	Assisted Acquisition Servicing Fees Explanation										
Advance Line Amount (-) \$																
Net Li	ne Am	ount Due	e	\$												
Type of Serv	vice R	equirem	ents													
Severable Service Non-severable Service Not A							: Appli	cable								

IAA Number Servicing Agency's Agreement								
GT&C # Order # Amendment/Mod # Tracking Number (Optional)								
29. Advance Information (Complete Block 29 if the Advance Payment for Products/Services was checked "Yes" on the GT&C.)								
Total Advance Amount for the Order \$ [All Order Line advance amounts (Block 28) must sum to this total.]								
Revenue Recognition Methodology (according to SFFAS 7) (Identify the Revenue Recognition Methodology that will be used to account for the Requesting Agency's expense and the Servicing Agency's revenue)								
Straight-line – Provide amount to be accrued \$ and Number of Months								
Accrual Per Work Completed – Identify the accounting posting period:								
Monthly per work completed & invoiced								
Other – Explain other regular period (bimonthly, quarterly, etc.) for posting accruals and how the accrual amounts will be communicated if other than billed.								
30. Total Net Order Amount: \$								
[All Order Line Net Amounts Due for reimbursable agreements and Net Total Costs for Assisted Acquisition Agreements (Block 28) must sum to this total.]								
31. Attachments (State or list attachments.)								
Key project and/or acquisition milestones (Optional except for Assisted Acquisition Agreements)								
Other Attachments (Optional)								
BILLING & PAYMENT INFORMATION								
32. Payment Method (Check One) [Intra-governmental Payment and Collection (IPAC) is the Preferred Method.] If IPAC is used, the payment method must agree with the IPAC Trading Partner Agreement (TPA).								
Requesting Agency Initiated IPAC Servicing Agency Initiated IPAC								
Credit Card Other – Explain other payment method and reasoning								
33. Billing Frequency (Check One)								
[An Invoice must be submitted by the Servicing Agency and accepted by the Requesting Agency BEFORE funds are reimbursed (i.e., via IPAC transaction)]								
Monthly Quarterly Other Billing Frequency (include explanation)								
34. Payment Terms (Check One)								
7 days Other Payment Terms (include explanation):								

IAA NumberGT&C #	- Order #	Amendment/Mod #	Servicing Agency's Agreement					
GI&C#	Order#	Amenament/Mod #	Tracking Number (Optional)					
35. Funding Clauses/Instruc	etions (Optional)	(State and/or list funding	g clauses/instructions.)					
36. Delivery/Shipping Information for Products (Optional)								
Agency Name								
Point of Contact (POC) Name	& Title							
POC Email Address								
Delivery Address /Room Num	ber							
POC Telephone Number								
Special Shipping Information								
	APPR	OVALS AND CONTAC	CT INFORMATION					
27 PROCEAN OFFICIAL		0 (1128 11112						
37. PROGRAM OFFICIAL The Program Officials, as iden		questing Agency and Ser	rvicing Agency, must ensure that the scope of work is					
properly defined and can be fu	ulfilled for this C		cial may or may not be the Contracting Officer depending on					
each agency's IAA business p	1							
Nama	R	equesting Agency	Servicing Agency					
Name Title								
Telephone Number								
Fax Number								
Email Address								
SIGNATURE								
Date Signed								
	 - The Funds Δnn	roving Officials, as identi	lified by the Requesting Agency and Servicing Agency, certify					
			per the purposes set forth in the Order. The Requesting					
			Funding Official signs to start the work, and to bill, collect,					
and properly account for funds from the Requesting Agency, in accordance with the agreement.								
	R	equesting Agency	Servicing Agency					
Name								
Title								
Telephone Number								
Fax Number								
Email Address								
SIGNATURE								
Date Signed								

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IAA Number		Servicing Agency's Agreement						
GT&C#	Order # Amendment/Mod #	Tracking Number (Optional)						
CONTACT INFORMATION								
FINANCE OFFICE Points of	Contact (POCs)							
The finance office points of con	ntact must ensure that the payment (Require accurate and timely for this Order.	esting Agency), billing (Servicing Agency), and						
39.	Requesting Agency (Payment Office	ce) Servicing Agency (Billing Office)						
Name								
Title								
Office Address								
Telephone Number								
Fax Number								
Email Address								
Signature & Date (Optional)								
	Contacts (POCs) (as determined by each ING Office Points of Contact (POCs).	Agency)						
	Requesting Agency	Servicing Agency						
Name								
Title								
Office Address								
Telephone Number								
Fax Number								
Email Address								
Signature & Date (Optional)								
Name								
Title								
Office Address								
Telephone Number								
Fax Number								
Email Address								
Signature & Date (Optional)								
Name								
Title								
Office Address								
Telephone Number								
Fax Number								
Email Address								
Signature & Date (Optional)								